



Department of the Treasury
Division of Unclaimed Property
P O Box 2485 Richmond, VA 23218-2485 **Inquiry/Claim Form** @trs

Approved	User	Date
1st Level		
2nd Level		
3 rd Level		

1. Please direct correspondence to me:

Name:

email: _____

Address:

Telephone _____

2. The name on the accounts I am searching for:

(Former names, different surnames, spouse, if applicable)

(Social Security Number)

Owner Information: Please enter the information requested in section #2. Personal information submitted on this form is kept confidential and is NOT shared with any other State Agency, business or individual.

3. The account number, if this name was listed in the newspaper: _____

4. Previous mailing addresses for the name(s) in Section #2: (for additional addresses, please use back of this page)

1. _____
2. _____
3. _____
House/Building # and Street name or Box # City State ZIP

5. In order to process my claim, I am enclosing copies of the ALL of the following:

Check each box to indicate you have done so.

☐ Driver's License/Photo ID

☐ Social Security Card OR Tax document with your Social Security Number on it

6. Please read and sign the following affidavit:

Under the penalty of perjury, I certify that I am the claimant above; I have not received the money or property involved in this claim; I accept fiduciary responsibility for the distribution of these assets, if appropriate, and do not know of anyone else with a superior claim to these assets. I agree to return the property to the State Treasurer if it is later determined that it belongs to someone else, and to reimburse the State for any loss resulting in payment of this claim to me. Any and all accounts that I am entitled to claim based on the documentation I have provided are hereby incorporated into this request.

Signature



Date